

James C. Collins
Attorney at Law

PO Box 713
Whitney Point, NY 13862
Telephone: (607) 692-3344
Fax: (607) 692-2299

January 4, 2011

U.S. Bankruptcy Court
100 South Clinton Street, Room 315
P.O. Box 7008
Syracuse, NY 13261-7008

Attention: Dorothy

Re: Pamela Sue Matheney
Chapter 7 Case No. 06-30151
Dividend Amount: \$71.94

1/6/11
JCC

Dear Dorothy:

As Trustee in the above-named debtor estate, I am enclosing a check drawn to the Clerk's order in the amount of \$71.94, which represents a dividend payable Cornell University, Office of University Counsel.

A dividend check was forwarded on two occasions to Cornell University, Office of University Counsel, each time mailed to the address on the Proof of Claim, the checks have not presented and this office has been unsuccessful in contacting the Creditor.

I have also enclosed a copy of the Proof of Claim.

Very sincerely yours,

Jim Collins

RECEIVED
JAN 06 2011
OFFICE OF THE BANKRUPTCY CLERK
SYRACUSE, NY

2011 JAN -6 PM 12:24
CLERK OF THE
BANKRUPTCY COURT
N.D. OF NY
SYRACUSE

FILED



JCC/jjc

Enc.

Cc/ U.S. Trustee's Office

FOR F B10 (Official Form 10) (10/05)

Document Page 2 of 2

Case 06-30151-5-mcr Doc 37 Filed 01/06/11 Entered 01/06/11 14:44:41 Desc Main UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK		Case 06-30151-5-mcr Doc 37 Filed 05/09/06 Desc Main Document Page 1 of 7 PROOF OF CLAIM
Name of Debtor Pamela Sue Matheney		Case Number 05-70738-6-sdg
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Cornell University	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: Cornell University Office of University Counsel 300 CCC Building, Garden Avenue Ithaca, NY 14853-2601	  THIS SPACE IS FOR COURT USE ONLY	
Telephone Number: 607-255-5124		
Last four digits of account or other number by which creditor identifies debtor:	Check here if <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Parking Ticket</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: See attached sheet		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ 112.14 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).		<input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
5. Total Amount of Claim at Time Case Filed: \$ 112.14 (unsecured) (secured) (priority) (Total)		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY 81:5 18 18
Date 5/5/06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Nancy H. Pagliaro, Paralegal <i>Nancy H. Pagliaro</i>	